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CLARK COUNTY
WASHINGTON

CLINICAL PRACTICE STANDARDS FOR CULTURAL COMPETENCY

1. THERE IS ACCESS FOR THE LINGUISTIC CAPACITY TO COMMUNICATE EFFECTIVELY WITH THE POPULATION SERVED.

   Objective A: Mental health services shall be provided in the preferred language of the client when the language falls under the list of prevalent languages as called out by DSHS, if so indicated.

   a) Providers shall add this question to intake forms as, "Preferred Language."

   b) Provider written materials/information should be in the predominant languages of the community, where practical.

   Objective B: Access to resources that can provide sign language must be available for the deaf and hard of hearing, including interpreters and TTY equipment.

   a) Each provider will have a written list of DSHS certified interpreters to access.

   b) Use of the interpreters shall be documented in progress notes.

   Objective C: Access to resources and aides for the blind and visually impaired shall be provided as needed.

2. STAFFING AT ALL LEVELS SHOULD BE REPRESENTATIVE OF THE COMMUNITY SERVED.

   Objective A: Evaluation of cultural/ethnic/linguistic profile of community served.

   a) Provider recruitment of staff should include advertisements in ethnic publications.

   b) Once a minority is hired, providers shall provide necessary support toward certification as a cultural competency specialist.

   c) Staff should have the ability to utilize/access ethnic community resources for collaboration.

3. PROVIDE CULTURALLY APPROPRIATE PSYCHOLOGICAL TESTING TO ETHNICALLY DIVERSE CLIENTS.

   Objective A: When available, testing material in client's language (including Braille) that is culturally appropriate shall be used.

   a) Identify resources for these materials and how to access them.

Objective B: Awareness of bias in testing of limitations of specific instruments; knowledge of relevant research issues as it relates to cross-cultural assessment.

Objective C: Clients will be evaluated in their preferred language.

4. CULTURAL FACTORS ARE INTEGRATED INTO THE CLINICAL INTERVIEW AND ASSESSMENT.

Objective A: Recognition and identification of cultural components in the manifestation and expression of symptoms in mental health disorders, in health disorders, in health practices, and of help-seeking behaviors.

a) Providers will offer ongoing training in normalized behaviors in different cultures.

b) At the request of the consumer, providers shall coordinate treatment with alternative providers.

Objective B: Identification of relevant cultural and sociopolitical factors shall be found in the clinical interview and assessment.

5. TREATMENT PLANS AND INTERVENTIONS ARE CULTURALLY APPROPRIATE

Objective A: Identification of ways the client's culture, family structure, dynamics, values, beliefs, concept of mental illness, and sociopolitical factors relate to presenting problem and maintenance of symptoms.

a) Staff will include client as an active participant in treatment planning.

b) Staff will include the client's perspective of "wellness" in all interventions and treatment planning.

c) Staff will recognize and utilize culturally specific intervention methods of healing when appropriate and requested by the consumer.

Objective B: Interventions, treatment goals and outcomes, are culturally relevant.

Objective C: The client's family is involved in treatment planning when appropriate.

6. PROVIDERS IDENTIFY AND UTILIZE RESOURCES (FAMILY AND THE LARGER COMMUNITY) ON BEHALF OF THE CLIENT

Objective A: Ability to consult with and/or include religious/spiritual leaders or practitioners relevant to the client's cultural, spiritual and medical beliefs.

a) This shall be documented in the Treatment Plan.

Objective B: There is collaboration between clinical services and community resources.

7. PHYSICIANS RECOGNIZE THE ROLE OF CULTURAL FACTORS IN INCREASING MEDICAL COMPLIANCE

Objective A: Awareness of relevant research on cultural differences in biological responses to medication.

a) This shall be documented as training in staff personnel files.

Objective B: Evaluation of the use of traditional remedies or treatments and effect on medical compliance.

Objective C: The family is informed of the psychopharmacological treatment plan with the consumer's consent.

a) This shall be documented in Medical Progress Notes.

8. ABILITY TO ENGAGE IN CULTURALLY COMPETENT COMMUNITY RESEARCH

Objective A: Ability to assess needs of the cultural/ethnic community served.

a) Obtain information on population composition from the Census Bureau.

b) Providers shall summarize their own consumer cultural/ethnic composition.

Objective B: Ability to evaluate program effectiveness for ethnic groups.

a) This achieved through provider's own outcome measures to reflect specific groups.

b) Then relate the outcome information to consumer's definition of "wellness."

9. PROVIDERS ENGAGE IN ONGOING CULTURAL COMPETENCE SELF-ASSESSMENT.

Objective A: Awareness of client's and one's own cultural background, experience, attitudes, values, and worldview.

Objective B: Ability to recognize racism, stereotypes, and systemic oppression as it impacts self and client.

Objective C: Clinicians shall recognize their level and limits of competencies.

All objectives will be a topic of supervision between therapist and supervisor, and documented in supervision notes.

10. CULTURALY COMPETENCY AND SENSITIVITY TRAINING FOR MENTAL HEALTH PROVIDERS

Objective A: Providers shall offer mandatory training to all staff on the general issues of cultural competence.

a) Providers shall maintain staff files that include content of the training together with the attendance record.

Objective B: Providers, when possible, shall offer training on the major ethnic groups served by their particular agency.

a) Providers shall maintain staff files that include that content of the training together with the attendance record.